

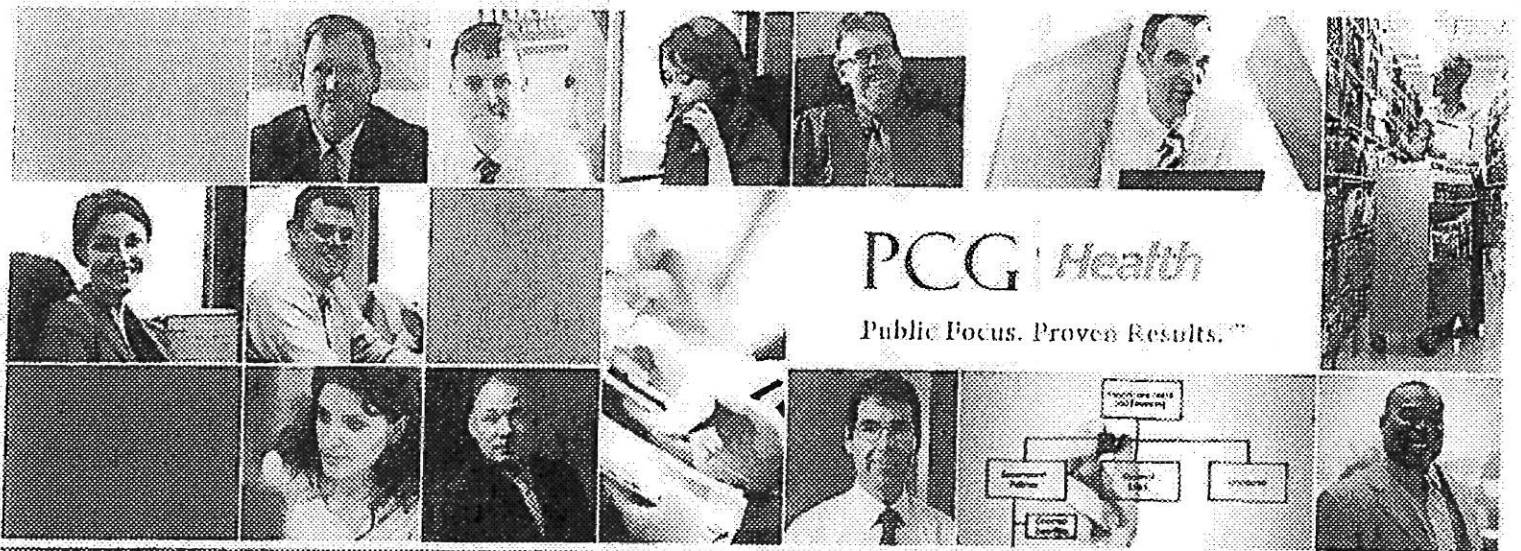
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Audit Protocols

New Mexico Human Services Department
Behavioral Health Provider Audit and Policy Review

February 26, 2013



Contents

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1. Background

The New Mexico Human Services Department (HSD) has engaged Public Consulting Group (PCG) to conduct audits of a select group of behavioral health providers. Preliminary reviews and reports indicate potential service or coding issues. As a result, HSD has requested a comprehensive medical record and credentialing audit.

Specifically, the following items have been identified for further exploration:

- Cross billing at different locations for the same member potentially overlapping time; uncertainty as to who rendered the service (if rendered at all);
- Insufficient documentation;
- Cross billing multiple codes and double billing (e.g. individual and group therapy);
- Upcoding individual therapy (compared to the average time billed per code in the peer group);
- Excessive billing for psychosocial rehab; incl. requesting authorization for a consumer on medical leave;
- Suspicious high volume days per one code; overbilling for inappropriate codes; psychosocial rehab billed for large units on a given date to one clinician; excessive hours per day billed by practitioner; excessive hours of service billed per patient per code; billing for services duplicative in nature;
- Identifying Provider as the rendering clinician;
- No medical necessity reviews to determine basis for long-term psychotherapy;
- Forging clinician records to incorporate more time than truly performed;
- Out of home placement services outside norm of service; doubtful medical need;
- Billing outpatient services the same day as bundled services.

As a result of the preliminary findings, PCG has been tasked with conducting onsite audits of selected providers to examine case files, IT systems and processes, and adherence with compliance protocols, and to examine existing relationships among providers. The onsite visits are expected to entail interviews with relevant provider staff, collection of hard or electronic copy documents related to the above mentioned areas, review of clinical data and examination and manual testing of IT systems.

The onsite visits will be supplemented by desk reviews at a location separate from the provider site. Findings resulting from desk reviews may necessitate follow up communication with providers to clarify and/or request additional information.

The documentation findings will be provided in a final report to the Department of Human Services. The final report will state the nature, timing, and extent of the audit work performed, as well as the findings,

conclusions, and recommendations and any reservations, qualifications or limitations of scope that IT audit team has with respect to the audit.

Provider Obligations

Several documents outline provider responsibilities regarding the provision of access to facilities, systems, and files and other documentation.

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The relevant sections from each document are excerpted below.

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2. Project Teams

Each project team is expected to be comprised of three to five individuals including the following specific roles:

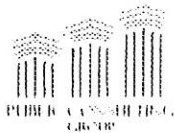
- **Team Lead:** The team lead will be responsible for overseeing the general operation of the onsite visits. Specific functions include:
 - Initiating onsite communication with provider staff
 - Facilitating the entrance discussion, including explaining the purpose of the visit, expectations for provider assistance and actions to be carried out/protocols to be followed by the audit team during onsite time
 - Coordinating team activities to ensure that team members are connected with the appropriate provider staff members and are able to collect the required information
 - Conducting interviews with key provider administrative and clinical staff
 - Facilitating exit discussion and communicating any additional information/next steps to provider
- **Administrative Support:** Administrative support staff will have primary responsibility for data collection and storage and will provide as needed support to the other team members. Specific functions include:

- Physically collecting documentation given by the provider, which may include pulling case files
- Scanning, logging and uploading all collected files
- Participating in interviews with provider staff and documenting these interviews

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3. Communications

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- Discuss space needs and estimated time onsite
- Establish provider contact for questions onsite

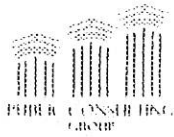
As appropriate, the team lead will address provider questions related to the nature, purpose and scope of the audit. Information shared in this regard will adhere to HSD guidance on this issue, and questions that cannot be addressed by the team lead will be referred to the appropriate HSD contact.

The team lead shall ensure that specific audit team members are connected with the proper staff to address their specific component of the audit process.

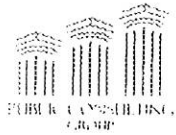
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4. Clinical and Case File Review Procedures

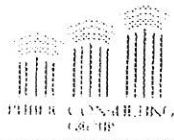
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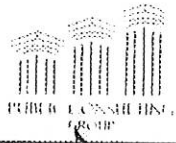


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